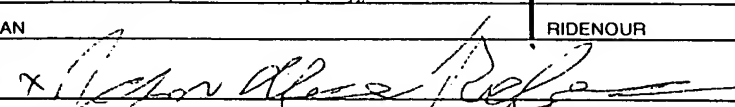


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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JASON ALAN		RIDENOUR	
Inventor's Signature <i>X</i> 		Date <i>X</i> <u>2-13-04</u>	
Residence: City	SOUTH BEND	State	IN
		Country	US
Citizenship US			
Mailing Address			
Mailing Address 17230 MOONLITE DRIVE			
City	SOUTH BEND	State	INDIANA
		ZIP	46614
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	NJ
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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Address		THOMSON LICENSING INC.			
Address		PO Box 5312			
City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		609-734-6834		(609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
ESTILL THONE		HALL, JR.			
Inventor's Signature				Date	
Residence: City		State		Country	
INDIANAPOLIS		INDIANA		US	
Mailing Address					
Mailing Address 7904 DAWSON DRIVE					
City		State		Country	
FISHERS		INDIANA		US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
VALTER		DRAZIC			
Inventor's Signature		Date			
<i>x Valtter Drazic</i>		<i>x 2-12-04</i>			
Residence: City		State		Country	
BETTON				FRANCE	
Mailing Address					
Mailing Address 7 allée du Pigeon Blanc					
City		State		Country	
BETTON				FRANCE	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

PU040027

First Named Inventor

Estill Thone Hall, Jr.

**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SIMPLIFIED POLARIZATION RECOVERY SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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<b>Name</b> JOSEPH S. TRIPOLI					
<b>Address</b> THOMSON LICENSING INC.					
<b>Address</b> PO Box 5312					
<b>City</b> PRINCETON			<b>State</b> NJ		<b>ZIP</b> 08543-5312
<b>Country</b> USA		<b>Telephone</b> 609-734-6834		<b>Fax</b> (609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> ESTILL THONE			<b>Family Name or Surname</b> HALL, JR.		
<b>Inventor's Signature</b> <i>x Estill Thone Hall, Jr.</i>				<b>Date</b> <i>x Feb. 6, 2004</i>	
<b>Residence: City</b> INDIANAPOLIS		<b>State</b> INDIANA	<b>Country</b> US		<b>Citizenship</b> US
<b>Mailing Address</b>					
<b>Mailing Address</b> 7904 DAWSON DRIVE					
<b>City</b> FISHERS		<b>State</b> INDIANA	<b>ZIP</b> 46038	<b>Country</b> US	
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> VALTER			<b>Family Name or Surname</b> DRAZIC		
<b>Inventor's Signature</b>		<b>Date</b>			
<b>Residence: City</b> BETTON		<b>State</b>	<b>Country</b> FRANCE		<b>Citizenship</b> FRANCE
<b>Mailing Address</b>					
<b>Mailing Address</b> 7 allée du Pigeon Blanc					
<b>City</b> BETTON		<b>State</b>	<b>ZIP</b> 35830	<b>Country</b> FRANCE	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					